



Filming Permit Application

Date of Application:

Movie Name	
Applicant Name	
Address	
City ST ZIP	
Phone	
Alternate Phone	
Email:	

Filming Location(s) – Use Address if Possible; Intersection of no Address Available:

Filming Date(s) / Times(s):

☐ I need the following streets(s) closed- (List streets including block number, address or intersection)

☐ I do not need the street closed, but need to use sidewalks, parking lanes and/or one lane (street must have at least 4 lanes)

☐ I agree that I and all participants in the filming will comply with all City ordinances and other applicable laws, including but not limited to Section 98-9 of the City of League City Code of Ordinances.

For Office Use Only

	Approved
	Denied
Authorized By:	
Comments:	